

Important Privacy Notice

Federal Rule of Civil Procedure 5.2 prohibits litigants in a non-habeas proceeding from submitting documents that contain personal information. Unless the Court orders otherwise, personal identifying information in Court filings must be limited as follows:

- Social security numbers, taxpayer-identification numbers, and financial **account numbers must include only the last four digits** (e.g., xxx-xx-1234)
- Birth dates must **include the year of birth only** (e.g., xx/xx/2000)
- Names of persons under the age of 18 must be indicated by **initials only** (e.g., A.B.)

You are responsible for protecting the privacy of this information in your filings. If your documents, including attachments, contain any information that does not comply with this rule, please black out that information before sending your documents to the Court.

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA**

REC'D JAN 02 2024

KAHLID A ALEEM

DOB xx/xx/1969

Social Security xxx-xx-9072
(In the space above enter the full name(s) of the plaintiff(s).)

- against -

Experian, LLC

Trans Union, LLC

Equifax, LLC

COMPLAINT

Jury Trial: ☒ Yes ☐ No

(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

| | | |
|-----------|------------------|---------------------------|
| Plaintiff | Name | <u>Kahlid A Aleem</u> |
| | Street Address | <u>5718 Thomas Avenue</u> |
| | County, City | <u>Philadelphia,</u> |
| | State & Zip Code | <u>Pennsylvania 19143</u> |
| | Telephone Number | <u>(215) 954-0809</u> |

- B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Experian, LLC
 Street Address PO Box 6790
 County, City Allen
 State & Zip Code Texas 75013

Defendant No. 2 Name Trans Union Consumer Solutions, LLC
 Street Address PO Box 2000
 County, City Chester
 State & Zip Code Pennsylvania 19016-2000

Defendant No. 3 Name Equifax
 Street Address PO Box 740241
 County, City Atlanta
 State & Zip Code Georgia 30374-0241

Defendant No. 4 Name All Creditors
 Street Address _____
 County, City _____
 State & Zip Code _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

- A. What is the basis for federal court jurisdiction? (*check all that apply*)
☒ Federal Questions ☐ Diversity of Citizenship

- B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? Violation of my Fair Credit Reporting Act rights.

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship US Citizen

Defendant(s) state(s) of citizenship US Citizen. (Company)

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? Credit Report

B. What date and approximate time did the events giving rise to your claim(s) occur? _____

In Or Around 2022-2023

C. Facts: I noticed errors on my Credit Report- I repeatedly disputed these errors, but to no avail

What
happened
to you?

Who did
what?

All 3 Credit CRA's
Equifax, Experian and Trans Union

Was
anyone
else
involved?

The Original Creditors. 1. Pentagon Federal Credit Union 2. ExeterFinance LLC,
3. Lending Club Corp 4. CCS Collections 5. American Heritage Federal Union,

Who else
saw what
happened?

"Creditors"

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Denied Credit Oppertunites, Denied Living Oppportunity, Denied Job Oppportunity.

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

I demand that these errors be immediately removed from my Credit Report, as they have Violated my FCRA rights. And \$2000 USD Cash Settlement

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 10th day of December, 2023.

Signature of Plaintiff



Mailing Address

5805 N 13th Street

Philadelphia, Pennsylvania 19141

Telephone Number (215) 954-0809

Fax Number (if you have one) _____

Email address aleemkahlid@yahoo.com

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Exeter Finance
P.O. Box 166097
Irving, Tx 75016

2. Article Number (Transfer from service label)

7022 3330 0001 0614 4707

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ X 

B. Received by (Printed Name)

C. Date of Delivery
09/10/23

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Article Addressed to:

Complete item 1 and 3.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Pentagon Federal
2930 Eisenhower
Alexandria Va 22314

9590 9402 8529 3186 4952 13

Article Number (Transfer from service label)

7022 3330 0001 0614 4707

PS Form 3811, July 2020 PSN 7530-02-000-9053

■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Trans Union
P.O. Box 2000
Chester, Pa 19016

2. Article Number (Transfer from service label)

7022 3330 0001 0614 4745

PS Form 3811, July 2020 PSN 7530-02-000-9053

B. Received by (Printed Name)

C. Date of Delivery
09/10/23

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Article Addressed to:

Complete item 1 and 3.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Exeter Finance
P.O. Box 166097
Irving, Tx 75016

9590 9402 8529 3186 4952 20

Article Number (Transfer from service label)

7022 3330 0001 0614 4745

PS Form 3811, July 2020 PSN 7530-02-000-9053

■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CCS Collections
725 Canton St.
Newton, Ma 02062

2. Article Number (Transfer from service label)

7022 3330 0001 0614 4745

PS Form 3811, July 2020 PSN 7530-02-000-9053

B. Received by (Printed Name)

C. Date of Delivery
09/10/23

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Article Addressed to:

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Exeter Finance
P.O. Box 166097
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